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# Texas State Board of Examiners of Psychologists

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## Application Materials for Licensed Psychologist

*Please check to make sure you have all of the following documents before completing your application.*

- ☐ - LP Checklist
- ☐ - LP Application Form
- ☐ - Documentation of Experience Form
- ☐ - Verification of Formal Internship Form
- ☐ - Fee Schedule\*

\*Items denoted with asterisks must be downloaded from the Board's website at [www.tsbep.texas.gov/form-bank](http://www.tsbep.texas.gov/form-bank), or obtained directly from the Board.

### **WARNING**

**ONLY PROVISIONALLY LICENSED PSYCHOLOGISTS WHO HAVE EITHER PASSED THE BOARD'S ORAL EXAMINATION OR RECEIVED A WAIVER FROM THE EXAMINATION MAY SUBMIT THIS APPLICATION. IF YOU DO NOT MEET THESE CRITERIA, DO NOT SUBMIT THIS APPLICATION.**

## **Checklist for Application For Licensure as a Psychologist**

I. To ensure that your application for licensure as a psychologist is processed as efficiently as possible, please submit the following to the Texas State Board of Examiners of Psychologists:

- A. Completed application form. Be sure to include complete names and addresses of persons listed.
- B. Application fee: A fee of \$180 (non-refundable), payable to the Texas State Board of Examiners of Psychologists (T.S.B.E.P.), to cover the cost of the Board's consideration of your request for licensure as a psychologist.
- C. Documentation of two (2) years of supervised experience. Two (2) Documentation of Experience forms (one for each year) must be completed by the respective supervising licensed psychologist. One Formal Internship Verification Form and one of the two required Documentation of Experience Forms must be completed by the Director of Internship Training. The applicant is responsible for securing their documentation from those supervisors indicated on the application form. These completed documents must be submitted to the Board with the application form by the applicant.

### **OR**

If you are actively licensed as a psychologist and in good standing in another state, documentation to this effect must be sent directly from the jurisdiction to the Board.

- D. Documentation of Licensure in Other Jurisdictions. Documentation of licensure in other jurisdictions must be provided to the Board directly from any jurisdiction(s) in which the applicant has held licensure, including information regarding disciplinary actions and pending complaints. This documentation must consist of a statement which has a notary seal or state seal and should also include your licensure number and the issue and expiration dates. (No TSBEP form is provided for this.)

The above items A, B, and C must be received in the Board office as a complete packet to begin processing your application. Item D can be provided at a later time.

Do not delay in ordering the other required items to avoid a delay in the licensing process.

- II. Some information about the procedure may be helpful:
  - A. All required information for your application file must be in the Board office for your file to be complete so that it can be reviewed. It is your responsibility to call the Board office to determine whether all required information has been received.
  - B. After your application file is complete and has been reviewed, the Board requires approximately six weeks to communicate the Board's decision to you in writing.
- III. There are two (2) items which require special attention:
  - A. If you do not use this application form within the next three months, please check with the Board office to ensure that the information provided in this letter is still current (i.e., fees, application form, etc.).
  - B. Board Rule §463.2 states an incomplete application remains in the active file for ninety (90) days, at the end of which time, if still incomplete, it is void.
- IV. Board rules specifically regarding licensure of psychologists are Board rules §463.11 and §463.13. Please refer to these rules if you have any questions.

If you have any additional questions, contact the Licensing Division in the Board office.



**TEXAS STATE BOARD OF EXAMINERS  
OF PSYCHOLOGISTS**

333 Guadalupe, Suite 2-450  
Austin, Texas 78701  
(512) 305-7700

Official Use Only

**Application for Licensure as a Psychologist**

**PLEASE PRINT OR TYPE**

**I. PERSONAL INFORMATION**

- A. Name \_\_\_\_\_  
First Middle Last Degree
- B. E-mail address \_\_\_\_\_: Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female
- C. Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- D. Mailing Address \_\_\_\_\_  
Street or P.O. Box  
\_\_\_\_\_  
City State Zip
- E. Home Telephone (\_\_\_\_\_) \_\_\_\_\_ Business Telephone (\_\_\_\_\_) \_\_\_\_\_
- F. Doctoral degree conferred on \_\_\_\_\_  
mo - day - yr
- G. Date provisionally licensed as a psychologist in Texas \_\_\_\_\_  
mo - day - yr
- H. Have you ever been arrested for any reason or convicted of any criminal offense in this or any other jurisdiction?  
\_\_\_\_\_  
If yes, please attach an explanation and supporting legal documents for each separate incident.
- I. Have you ever practiced psychology without a license or exemption in this or any other jurisdiction?  
\_\_\_\_\_  
If yes, please attach an explanation.
- J. Have you ever aided or abetted another individual in practicing psychology without a license or exemption in this or any other jurisdiction?  
\_\_\_\_\_  
If yes, please attach an explanation.
- K. Is there any reason why you are not physically or mentally competent to render psychological services with reasonable skill, safety and competency?  
\_\_\_\_\_  
If yes, please attach an explanation.
- L. Do you use drugs or intoxicating liquors to an extent that affects your professional competency?  
\_\_\_\_\_  
If yes, please attach an explanation.

M. Is there any action pending against you or against any mental health license that you hold in this or any other jurisdiction?

\_\_\_\_\_ If yes, please attach an explanation.

N. Have you ever had any professional license to practice in a mental health profession refused or denied, suspended, revoked, canceled, or otherwise disciplined?

\_\_\_\_\_ If yes, please attach an explanation and a copy of pertinent orders or decisions.

II. PLEASE INDICATE BELOW THE EXPERIENCE YOU ARE OFFERING TO MEET THE REQUIREMENTS FOR LICENSURE. See Section 501.252 of the Psychologists' Licensing Act and Board Rules 463.11 and 465.2.

A. **FORMAL YEAR**

1. Was your experience in the field of industrial/organizational psychology? ☐ YES ☐ NO

If no, was your experience approved by the American Psychological Association or does it meet Board Rule 463.11 or 463.13? (Check only one.)

(a) ☐ APA, 463.11(c)(1) and 463.11(c)(2)(A) (b) ☐ 463.11(c)(1) and (c)(2)(B) (c) ☐ 463.11(c)(1) and (c)(2)(C) (d) ☐ 463.13

If you selected (d), please answer the following.

Do you have at least 1500 hours of supervised experience for your formal year? ☐ Yes ☐ No

(If your answer is **yes**, please answer **only** 2 through 6.)

If you selected (a), (b), or (c), please complete the following questions 2 through 12.

2. Name of psychologist/supervisor \_\_\_\_\_

3. Current address of psychologist/supervisor \_\_\_\_\_  
Street or P.O. Box

\_\_\_\_\_ City State Zip

4. Was supervisor licensed as a psychologist when supervision occurred? ☐ YES ☐ NO

5. Jurisdiction where supervisor was licensed as a psychologist \_\_\_\_\_

6. Name of agency/address where experience was obtained \_\_\_\_\_  
Name

\_\_\_\_\_ Street or P.O. Box

\_\_\_\_\_ City State Zip

7. Duration of experience (Please give specific beginning and ending dates.)

From \_\_\_\_\_ to \_\_\_\_\_  
mo - day - yr mo - day - yr

8. Hours you worked per week \_\_\_\_\_

**Texas State Board of Examiners of Psychologists**

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9. Job Title of Applicant\_\_\_\_\_
10. Does this supervised experience satisfy the requirements of the Board's supervision guidelines?  
YES\_\_\_\_\_ NO\_\_\_\_\_ (See Rule 465.2)
11. Was the supervising psychologist trained in the area of supervision provided to the supervisee?  
YES\_\_\_\_\_ NO\_\_\_\_\_
12. Was the supervising psychologist related within the second degree of affinity (marriage) or within the second degree of consanguinity (by blood relationship)?  
YES\_\_\_\_\_ NO\_\_\_\_\_

**B. SECOND YEAR**

Complete **only** 1 or 2

1. ☐ §463.13: Licensed Out-of-State Applicants. Please complete questions a through e.
- a. Did your supervision consist of at least 1500 hours?  
YES\_\_\_\_\_ NO\_\_\_\_\_
- b. Name of psychologist/supervisor\_\_\_\_\_
- c. Was supervisor licensed as a psychologist when supervision occurred?  
YES\_\_\_\_\_ NO\_\_\_\_\_
- d. Jurisdiction where supervisor was licensed as a psychologist\_\_\_\_\_
- e. Name of agency/address where experience was obtained\_\_\_\_\_
- Name
- \_\_\_\_\_
- City State Zip
2. ☐ §463.11 Second Year of Supervised Experience. Please complete questions a through k.
- a. Job Title\_\_\_\_\_
- Board Rule 463.11(e)(1)(N)
- b. Name of agency/address where experience was obtained\_\_\_\_\_
- Name
- \_\_\_\_\_
- City State Zip
- c. Duration of experience (Please give specific beginning and ending dates.)  
From\_\_\_\_\_ to \_\_\_\_\_
- mo - day - yr mo - day - yr
- d. Hours you worked per week\_\_\_\_\_

- e. Name of psychologist/supervisor\_\_\_\_\_
- f. Current address of psychologist/supervisor\_\_\_\_\_  
Street or P.O. Box
- \_\_\_\_\_
- City State Zip
- g. Was supervisor licensed as a psychologist when supervision occurred? ☐YES ☐NO
- h. Jurisdiction where supervisor was licensed as a psychologist\_\_\_\_\_
- i. Does this supervised experience satisfy the requirements of the Board's supervision guidelines?  
YES\_\_\_\_\_ NO\_\_\_\_\_ (See Rule 465.2)
- j. Was the supervising psychologist trained in the area of supervision provided to the supervisee?  
YES\_\_\_\_\_ NO\_\_\_\_\_
- k. Was the supervising psychologist related within the second degree of affinity (marriage) or within the second degree of consanguinity (blood relationship)?  
YES\_\_\_\_\_ NO\_\_\_\_\_

Use additional pages, if necessary, to show experience. Please be precise in reporting dates and hours.

### III. CURRENT EMPLOYMENT

- B. Are you currently employed? YES\_\_\_\_\_ NO\_\_\_\_\_

If yes, please complete the following:

1. Job Title\_\_\_\_\_
2. Name/address of employment\_\_\_\_\_  
Name  
\_\_\_\_\_  
Street or P.O. Box  
\_\_\_\_\_  
City State Zip
3. Duration of job position\_\_\_\_\_to\_\_\_\_\_  
mo - day - yr mo - day - yr
4. Hours you work per week\_\_\_\_\_
5. Is agency exempt as defined in Section 501.004 of the Psychologists' Licensing Act?  
YES\_\_\_\_\_ NO\_\_\_\_\_
- a. If yes, please indicate:\_\_\_\_\_  
Name of Supervisor (Please Print)

### Texas State Board of Examiners of Psychologists

LP Application

\_\_\_\_\_  
Street or P.O. Box                      City                      State                      Zip

\_\_\_\_\_  
Supervisor's Title

b. If no, please provide the following information:

(1) Name of licensed psychologist providing supervision.

\_\_\_\_\_

(2) Position of psychologist providing supervision.

\_\_\_\_\_

(3) Address of psychologist providing supervision.

\_\_\_\_\_  
Street or P.O. Box

\_\_\_\_\_  
City                      State                      Zip

#### IV. LICENSURE IN OTHER STATES

A. Are you actively licensed as a psychologist in another jurisdiction?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, name of jurisdiction: \_\_\_\_\_.

Duration of licensure \_\_\_\_\_ to \_\_\_\_\_  
Month/Day/Year                      Month/Day/Year

B. List **all** other jurisdictions where you have ever been licensed and provide the dates of licensure.

Name of Jurisdiction \_\_\_\_\_

Duration of Licensure \_\_\_\_\_ to \_\_\_\_\_  
Month/Day/Year                      Month/Day/Year

Name of Jurisdiction \_\_\_\_\_

Duration of Licensure \_\_\_\_\_ to \_\_\_\_\_  
Month/Day/Year                      Month/Day/Year

C. Was at least one of your two years of supervised experience completed after you received your doctoral degree as indicated on your transcript?

YES \_\_\_\_\_ NO \_\_\_\_\_



V. PERSONAL ACKNOWLEDGMENT

I acknowledge that the information contained in this application is true and correct.

In making this application to the Texas State Board of Examiners of Psychologists for the issuance of a license, I agree to abide by the rules and regulations of the Texas State Board of Examiners of Psychologists and to take all examinations necessary to the processing of my application. I further agree that the fee submitted with this application is NON-REFUNDABLE.

I hereby grant the Board permission to seek any information or references it deems fit in securing my credentials, pertinent to this application.

I further agree that if issued a license, it shall remain the property of the Texas State Board of Examiners of Psychologists and shall be returned if my license is suspended, revoked, voided or I resign or go on inactive status.

I have read the Psychologists' Licensing Act, am familiar with, and agree to abide by the requirements of the Act, and Rules and Regulations of the Board.

I understand that the Public Information Act is enforced as required by State law.

Warning: Pursuant to Tex. Educ. Code Ann. '57.491, a license issued by this Board may not be renewed if the licensee is in default of either a loan agreement guaranteed by the Texas Guaranteed Student Loan Corporation or a repayment agreement.

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Signature

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Date

Licensure Application – October 2015

**TEXAS STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS**

333 Guadalupe, Suite 2-450

Austin, Texas 78701

(512) 305-7700

**Documentation of Experience  
for  
Licensure as a Psychologist**

Name and Address of Licensed Psychologist

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After completing and signing this reference form, please return it to the applicant. This form must be submitted by the applicant with the application for licensure.

Applicant Name (Please Print): \_\_\_\_\_

The Texas State Board of Examiners of Psychologists has received the above-named person's application for licensure as a psychologist. Section 501.252 of the Psychologists' Licensing Act requires that a person have at least two years of supervised experience from a licensed psychologist in the field of psychological services. So that a complete evaluation can be made of the applicant, the Board is asking that you provide the following information. Fax copies of this document cannot be accepted. Please return this completed form to the applicant.

1. Do you know the applicant well enough to evaluate him/her? Yes\_\_\_\_\_ No\_\_\_\_\_

a. If **NO**, please sign this section and return to the applicant.

\_\_\_\_\_  
Your Printed Name

\_\_\_\_\_  
Your Signature

b. If **YES**, please complete the following about yourself:

\_\_\_\_\_  
Your Printed Name

\_\_\_\_\_  
Your Signature

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_  
Area Code

Area of doctoral level training/education in psychology:

\_\_\_\_\_

\_\_\_\_\_

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Current Job Position: \_\_\_\_\_

Please give date(s) of your licensure at the time that you supervised the applicant. Also provide your licensure no.(s), and name of state(s) where you hold/held licenses to practice psychology.

Date	License No.	State	Current? Yes/No
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. What was the time period you supervised the applicant? PLEASE BE VERY SPECIFIC. MONTH, DAY, AND YEAR ARE IMPORTANT IN DOCUMENTING EXPERIENCE.

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_  
Month/Day/Year Month/Day/Year

3. How many clock hours per week did the applicant work under your supervision during the above time period?

\_\_\_\_\_

4. Please state the total number of hours of direct (one-to-one) supervision you provided to the applicant per week.

\_\_\_\_\_

5. Please state the type of professional setting where your supervision took place. (i.e., college campus, private practice, agency, etc.)

\_\_\_\_\_

6. What was your professional relationship with the applicant? (e.g. internship director, employer in private practice, agency, etc.)

\_\_\_\_\_

7. At the time of supervision, were you related to the applicant within the second degree of affinity or within the second degree by consanguinity?

Yes \_\_\_\_\_ No \_\_\_\_\_

8. Please list the psychological services you feel the applicant is qualified to provide.

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- 
9. Did the applicant receive supervision within those areas of your training, knowledge, and skill?  
Yes\_\_\_\_\_ No\_\_\_\_\_
10. Did the applicant have the background, training, and experience appropriate to the function performed? Yes\_\_\_\_\_ No\_\_\_\_\_
11. Was a verification of your supervision for the applicant listed on your license renewal submitted to the Board's office? Yes\_\_\_\_\_ No\_\_\_\_\_
12. Do you feel the applicant is physically and mentally competent to render psychological services as a licensed psychologist? Yes\_\_\_\_\_ No\_\_\_\_\_
- If **no**, please attach letter of explanation.
13. Do you have any reservations concerning the applicant's ethical, professional, or personal qualifications for licensure? Yes\_\_\_\_\_ No\_\_\_\_\_
- If **yes**, please attach letter of explanation.
14. Did the title used by the applicant while under your supervision clearly indicate his/her supervised status? Yes\_\_\_\_\_ No\_\_\_\_\_
15. What title was used?\_\_\_\_\_
16. Was there a process in place for providing an evaluative feedback to supervisee regarding his/her performance on established service requirements?  
Yes\_\_\_\_\_ No\_\_\_\_\_
17. Were all clients informed that applicant and all aspects of applicant's work were being supervised? Yes\_\_\_\_\_ No\_\_\_\_\_

This information is needed for the applicant's file before the Texas State Board of Examiners of Psychologists can consider his/her request for licensure. Please respond as quickly as possible so that the applicant's professional career can be considered and hopefully fulfilled. The Public Information Act is enforced as required by State law. Thank you for your consideration in this matter.

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Date Form Completed by Licensed Psychologist

Please return this completed form to the applicant.



**TEXAS STATE BOARD OF EXAMINERS  
OF PSYCHOLOGISTS**

333 Guadalupe, Suite 2-450

Austin, Texas 78701

(512) 305-7700

**Formal Internship Verification Form  
for Application for Licensure as a Psychologist**  
(To be completed by the Director of Internship Training)

Applicant Name: \_\_\_\_\_

The applicant indicated on the application for licensure as a psychologist that he/she completed an internship that was either accredited by the American Psychological Association or met the Board's criteria in §463.11.

I. Name and address of agency or where experience was obtained:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates worked: Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Hours applicant worked per week: \_\_\_\_\_

Please indicate the type of internship completed. (Check only one)

APA §463.11(c)(2)(A) \_\_\_\_\_  
(Go to Section IV)

§463.11(c)(2)(B) \_\_\_\_\_  
(Go to Section II)

§463.11(c)(2)(C) \_\_\_\_\_  
(Go to Section III)  
School District

II. If the internship met §463.11(c)(2)(B), please answer the following with respect to the dates of internship supervision. If your answer is "no" to any of the questions except 6 and 7, please provide an explanation.

1. Did the internship agency have a clearly designated staff psychologist actively licensed in the jurisdiction in which the internship took place, given responsibility for directing the internship, and present at the training facility for a minimum of twenty (20) hours a week?

Yes \_\_\_\_\_ No \_\_\_\_\_

Name: \_\_\_\_\_  
Staff Supervising Psychologist

\_\_\_\_\_  
Jurisdiction where licensed

2. Did the internship agency have two or more full-time psychologists on the staff as primary supervisors at least one of whom was actively licensed as a psychologist in the jurisdiction where the internship took place? Yes\_\_\_\_\_ No\_\_\_\_\_

3. List the names of the supervising psychologists and where they were licensed.

Name: \_\_\_\_\_  
Staff Supervising Psychologist

\_\_\_\_\_  
Jurisdiction where licensed

Name: \_\_\_\_\_  
Staff Supervising Psychologist

\_\_\_\_\_  
Jurisdiction where licensed

4. Was there a minimum of two hours per week or **regularly scheduled formal, face-to-face individual supervision and two additional hours per week in learning activities provided by the supervising psychologists and/or the Director of Internship Training?** Yes\_\_\_\_\_ No\_\_\_\_\_

5. Were the supervising psychologists (including the Director of Internship Training) trained in the area of supervision provided to the supervisee? Yes\_\_\_\_\_ No\_\_\_\_\_

6. Were the supervising psychologists (including the Director of Internship Training) related within the second degree of affinity or within the second degree of consanguinity to the applicant? Yes\_\_\_\_\_ No\_\_\_\_\_

7. Were the supervising psychologists (including the Director of Internship Training) under an Agreed Order (disciplinary action by the Board) at the time of supervision? Yes\_\_\_\_\_ No\_\_\_\_\_

8. Was the supervision provided by a staff member or an affiliate of that agency who carried clinical responsibilities for the cases being supervised? Yes\_\_\_\_\_ No\_\_\_\_\_

9. Did the internship provide training in a range of assessment and intervention activities conducted directly with patients/clients? Yes\_\_\_\_\_ No\_\_\_\_\_

10. Was at least 25% of trainee's time in direct patient/client contact (minimum 375 hours)? Yes\_\_\_\_\_ No\_\_\_\_\_

11. Was training post-clerkship and post-practicum? Yes\_\_\_\_\_ No\_\_\_\_\_
12. Was there a minimum of two full-time equivalent interns at the internship level of training during applicant's training period? Yes\_\_\_\_\_ No\_\_\_\_\_
13. Did the intern indicate the training status to the clients served? Yes\_\_\_\_\_ No\_\_\_\_\_
14. Did the internship agency inform prospective interns about the goals and content of the internship, as well as the expectations for quantity and quality of trainee's work? Yes\_\_\_\_\_ No\_\_\_\_\_

## GO TO SECTION IV

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III. If the internship met §463.11(c)(2)(C), School District, please answer the following with respect to the dates of internship supervision. If your answer is "no" to any of the questions except 6 and 7, please provide an explanation.

1. Was the internship consistent with a written plan and met the specific training objectives of the program? Yes\_\_\_\_\_ No\_\_\_\_\_
2. Did the internship agency have two or more psychologists/LSSPs on the staff as primary supervisors at least one of whom was actively licensed as a psychologist/LSSP in the jurisdiction where the internship took place.
3. List the names of the supervising psychologists and where they were licensed. Yes\_\_\_\_\_ No\_\_\_\_\_

Name: \_\_\_\_\_  
Supervising Psychologist/LSSP

\_\_\_\_\_  
Jurisdiction where licensed:

Name: \_\_\_\_\_  
Supervising Psychologist/LSSP

\_\_\_\_\_  
Jurisdiction where licensed:

4. Did the field-based supervisors provide at least two hours per week of direct supervision for each intern and did the university supervisor maintain an ongoing relationship with the field-based internship supervisors and provide at least one field-based contact per semester with each intern?
5. Were the supervising psychologists/ LSSPs (including the Director of Internship Training) trained in the area of supervision provided to the supervisee? Yes\_\_\_\_\_ No\_\_\_\_\_



6. Were the supervising psychologists/ LSSPs (including the Director of Internship Training) related within the second degree of affinity or within the second degree of consanguinity to the applicant? Yes\_\_\_\_\_ No\_\_\_\_\_
7. Were the supervising psychologist/ LSSPs (including the Director of Internship Training) under an Agreed Order (disciplinary action by the Board) at the time of supervision? Yes\_\_\_\_\_ No\_\_\_\_\_
8. Did at least 600 clock hours of the internship experience occur in a school setting and provide a balanced exposure to regular and special educational programs?
9. Was the field-based supervisor/LSSP responsible for no more than two interns at any given time and university supervisors responsible for no more than twelve interns at any given time? Yes\_\_\_\_\_ No\_\_\_\_\_
10. Was the internship documented by a written contractual agreement specifying the period of the internship and the training objectives of the program? Yes\_\_\_\_\_ No\_\_\_\_\_
11. Was the internship experience systematically evaluated in a manner consistent with the specific training objectives of the program? Yes\_\_\_\_\_ No\_\_\_\_\_
12. Was the internship experience conducted in a manner consistent with the current legal/ethical standards of the profession?
13. Did the internship agency have a minimum of two full-time equivalent interns at the internship level during the applicant's training period? Yes\_\_\_\_\_ No\_\_\_\_\_
- Yes\_\_\_\_\_ No\_\_\_\_\_
- Yes\_\_\_\_\_ No\_\_\_\_\_
- Yes\_\_\_\_\_ No\_\_\_\_\_
14. Was the supervision in a school setting supervised by a licensed psychologist/ LSSP?

Name: \_\_\_\_\_  
Supervising Psychologist/LSSP

\_\_\_\_\_  
Jurisdiction where licensed:

Name: \_\_\_\_\_  
Supervising Psychologist/LSSP

Yes \_\_\_\_\_

No \_\_\_\_\_

\_\_\_\_\_  
Jurisdiction where licensed:

15. Did the jurisdiction in which the internship took place require a separate credential to practice in a school setting?
16. Was the portion of the internship which took place in a non-school setting supervised by a licensed psychologist?
17. Was the internship provided at or near the end of the formal training period?

Yes \_\_\_\_\_

No \_\_\_\_\_

Yes \_\_\_\_\_

No \_\_\_\_\_

Yes \_\_\_\_\_

No \_\_\_\_\_

## GO TO SECTION IV

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IV. I attest that the above is correct.

\_\_\_\_\_  
Director of Internship Training  
Please Print

\_\_\_\_\_  
Director of Internship Training  
Signature

\_\_\_\_\_  
Date

After completing and signing this reference form, please return it to the applicant. This form must be submitted by the applicant with the application for licensure.